

Application Data Sheet

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	METHOD FOR POSITION NOTIFICATION
Attorney Docket Number::	1505-1067
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	1
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: MAGNUS  
Middle Name::  
Family Name:: MAUREX  
Name Suffix::  
City of Residence:: STOCKHOLM  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing KRISTINEBERGS STRAND 13  
Address::  
City of Mailing Address:: STOCKHOLM  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: S-112 52

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: ULF  
Middle Name::  
Family Name:: GULLSTEDT  
Name Suffix::  
City of Residence:: SUNDBYBERG  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing MARIA GATAN 3  
Address::  
City of Mailing Address:: SUNDBYBERG

State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: S-172 30

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: UKRAINE  
Status:: Full Capacity  
Given Name:: SERGEY  
Middle Name::  
Family Name:: SHUDRA  
Name Suffix::  
City of Residence:: KIEV  
State or Province of  
Residence::  
Country of Residence:: UKRAINE  
Street of Mailing VETROVA ST. 13, APT. 12  
Address::  
City of Mailing Address:: KIEV  
State or Province of Mailing Address::  
Country of Mailing Address:: UKRAINE  
Postal or Zip Code of Mailing Address:: 01032

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/SE03/01398	9/8/03
PCT/SE03/01398	An application claiming benefit under 35 USC 119	60/319,551	9/15/02

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::